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P-11313.01

To:**Company:** U.S. Patent and Trademark Office**Phone:****Fax:** 703 872 9306**From:** Elisabeth L. Belden**Company:**  Medtronic**Phone:** 763 514 4083**Fax:** 763 505 2530**Date:** May 4, 2004**Pages including this
cover page:** 14**Comments:**

RE: P-11313.01

Serial No. 10/630,547

Applicants: Mark T. Marshall et al.

Filed: July 29, 2003

Title: Medical System Including a Novel Bipolar Pacing Pair

Attached please find the following documents:

- Preliminary Amendment
 Transmittal

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT SUE MCCOY AT TELEPHONE (763) 514-8662 IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

PATENT

DOCKET NO.: P-11313.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL

In re Application of: Mark T. Marshall et al.
 For: Medical System Including a Novel Bipolar Pacing Pair
 Serial No.: 10/630,547
 Filed: July 29, 2003

CERTIFICATE UNDER 37 CFR §1.8. I hereby certify that this Amendment and Transmittal and the paper(s), as described herein are being sent to telex/fax No. (703) 872 9306, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4th day of May, 2004.

Sue McCoy
 Signature
 Sue McCoy

Printed Name

Mail Stop AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

 PRELIMINARY AMENDMENT

FEE CALCULATION:

Fee Calculation	No. of Claims Filed	No of Claims Previously paid for	No. of Extra Claims	Rate	Fee
Total Claims	47	20	27	x 18	486
Independent Claims	3	3	0	x 86	0
Multiple Dependent Claims	0			+ 270	0
					TOTAL \$486.00



Applicant hereby petitions for months' extension of time. If an additional extension of time is required, please consider this petition therefor.



Please charge Deposit Account No. 13-2546 in the amount of \$ 486.00 for the extra claims fee.



Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.



Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Date

May 4, 2004

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